

EXHIBIT "A"

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State of California

Department of Corrections and Rehabilitation

INMATE / PAROLEE APPEAL SCREENING FORM

CDCR-695

INMATE: Hollis CDC #: E37508 CDC HOUSING: D8-220

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR RETURNED TO MORE INFORMATION OR FOR YOU TO ATTACH SUPPORTING DOCUMENTS.

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

- | | |
|---|--|
| <input checked="" type="checkbox"/> Requested Action Already Taken | <input type="checkbox"/> Requested Appeal Withdrawn |
| <input checked="" type="checkbox"/> Duplicate Appeal; Same Issue <u>4/21/07</u> | <input type="checkbox"/> Appeal Previously Received and Processed |
| <input checked="" type="checkbox"/> Appealing Action Not Yet Taken <u>5-1-07</u> | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section |
| <input type="checkbox"/> Incomplete Appeal – Documents Not Attached | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate <u>refused</u> | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements <u>dup.</u> | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents* |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)* |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office | <input type="checkbox"/> Attempting to Change Original Appeal Issue |
| <input type="checkbox"/> Appeal Matter to VCGCB | <input type="checkbox"/> Not Authorized to Bypass Any Level |
| <input type="checkbox"/> DRB Decisions Are Not Appealable | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824 |
| <input type="checkbox"/> Request for Interview; Not an Appeal | <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues |
| <input type="checkbox"/> More than one issue –one issue per appeal | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7 |
| <input type="checkbox"/> Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call. | |

PLEASE ATTACH AS NOTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results | <input type="checkbox"/> CDC 128C Medical Chrono |
| <input type="checkbox"/> CDC 115 with IE/DA information | <input type="checkbox"/> CDC 1819 Denied Publications |
| <input type="checkbox"/> Supplemental Reports to CDC 115 | <input type="checkbox"/> CDC 128 A |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure | <input type="checkbox"/> CDC 128 B |
| <input type="checkbox"/> CDC 114D Lockup Order | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC | <input type="checkbox"/> Cell Search Slip |
| <input type="checkbox"/> CDC 128G CSR Endorsement Chrono | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip |
| <input type="checkbox"/> CDC 7219 Medical Report | <input type="checkbox"/> Trust Account Statement |
| <input type="checkbox"/> Other: SEE COMMENTS BELOW | <input type="checkbox"/> Property Inventory Receipt |

Comments: You may write on back of this form to clarify or respond to the above.

Your appeal issue was reviewed by the SVP Hiring Authority
per AB 05/03. This issue is rejected as duplicate of your
original appeal issue. *Also, (it is not considered) staff

misconduct when staff are performing their assigned
duties within the scope of their assignment
 T. Variz, Correctional Counselor-II
 Appeals Coordinator
 Salinas Valley State Prison

Date: 4-11-07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

(C)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MARYIN HOLLIS	E-37508	*ACI-SPG*	D-8-220

A. Describe Problem: This complaint is filed against SALINAS VALLEY STATE PRISON APPEALS COORDINATOR ELOY MECLINA, FOR RETALIATION AND REPRISAL FOR MY PRIOR USE OF THE (CDC3R) 602 APPEALS PROCESS AND BEING A JAILHOUSE LAWYER. ON 3-26-07 E. MECLINA, REFUSED TO ASSIGN ~~my~~ my timely disciplinary appeal IN RETALIATION FOR MY PRIOR USE OF THE (CDC3R) 602 APPEAL PROCESS AND BEING A JAILHOUSE LAWYER. THIS RETALIATION AND HARASSMENT INFRINGED MY 1ST AMENDMENT CONSTITUTIONAL RIGHT AND HAD A CHILLING EFFECT.

If you need more space, attach one additional sheet.

(SEE ATTACHMENT)

B. Action Requested: TO BE ALLOWED TO EXHAUST MY ADMINISTRATIVE REMEDIES WITHOUT INAPPROPRIATE INTERFERENCE. THAT ALL RETALIATORY ACTIONS AND HARASSMENT BY APPEALS OFFICE STAFF TO CEASE. FOR AN APOLOGY FROM E. MECLINA, FOR NOT ASSIGNING MY TIMELY DISCIPLINARY APPEAL.

Inmate/Parolee Signature: Maryin Hollis

REC'D MAR 30 2007

Date Submitted: 3-29-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: _____

Board of Control form BC-1E, Inmate Claim



RECEIVED APR 19 2007

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 4/2/07Due Date: 5/11/07

Interviewed by: _____

Staff Signature: _____

Title: _____

Date Completed: _____

Division Head Approved: _____

Returned _____

Signature: _____

Title: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

DELIVERED MAY 15 2007 DELIVERED APR 17 2007

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

RECEIVED APR 19 2007

* (CONTINUED FROM SECTION (A)) *

THE ADVERSE RESULT OF THIS RETALIATION WAS THAT I WAS DENIED MY RIGHT TO FREEDOM OF SPEECH, EXPRESSION, AND TO PETITION THE GOVERNMENT TO SEEK REDRESS OF GRIEVANCES. I ALSO SUFFERED EXCESSIVE SEGREGATION AS A RESULT OF E. MEDINA, REFUSING TO ASSIGN MY TIMELY APPEAL FOR INVESTIGATION AND RESPONSE. THE RETALIATION AND HARASSMENT DID NOT SERVE A LEGITIMATE PENOLOGICAL INTEREST OR INSTITUTIONAL GOALS. I HAVE BEEN SUBJECTED TO AN UNTYPICAL SIGNIFICANT HARSHSHIP AS A RESULT OF E. MEDINA, RETALIATION AND HARASSMENT AGAINST ME REFUSING TO ASSIGN MY TIMELY DISCIPLINARY APPEAL FOR APPROPRIATE ACTION. PER CCR. 3004.12 IN PART; INMATES HAVE THE RIGHT TO BE TREATED FAIRLY AND IMPARTIALLY BY ALL EMPLOYEES. PER TITLE 15. DIVISION 3, INMATES ARE ALLOWED TO APPEAL ANY ACTION WITHIN 15 DAYS THAT THEY CAN DEMONSTRATE AS HAVING AN ADVERSE EFFECT UPON THEIR WELFARE.

"Request"

4-30-07

TO: APPEALS COORDINATOR

FROM: HOLLIS E-37508

D-8-220

RE: CHALLENGE TO SCREENING FORM

IS MY APPEAL CANCELLED OR REJECTED;
I REQUEST TO KNOW HOW CAN I EXHAUST MY
ADMINISTRATIVE REMEDY ON THE ISSUE RAISED
IN MY APPEAL? I HAVE NOT SUBMITTED NO
OTHER APPEAL REGARDING CCTI MEDINA,
RETALIATORY ACTIONS ON 3-26-07.

RECEIVED MAY 01 2007

"Request"

4-17-07

TO: APPEALS COORDINATOR

FROM: HOLLIS, E-37508

D-8-220

E: CHALLENGE TO SCREENING FORM DATED 4-11-07

THE SCREENING FORM IS INACCURATE. THIS APPEAL IS NOT A DUPLICATE APPEAL TO ANY APPEAL ON FILE AT ISVSP/ AGAINST ELOY MEDINA. THIS APPEAL WAS SUBMITTED AS A REGULAR APPEAL RAISING THE ISSUE OF RETALIATION. THE APPEAL IS TIMELY AND WAS GIVEN A LOG # AND DUE DATE FOR RESPONSE. CAN I PLEASE EXHAUST MY ADMINISTRATIVE REMEDY TO THE ISSUE RAISED IN APPEAL OR IS MY APPEAL CANCELLED OR REJECTED? THE APPEALS OFFICE STAFF IS NOT IMMUNE FROM THE APPEALS PROCESS, THUS WITHOUT A INVESTIGATION OR FAIR REVIEW OF THE APPEAL CECI VARIZ, CONCLUSION ON THE SCREENING FORM WAS NOT FAIR AND IMPARTIAL. I WAS INFORMED NUMEROUS TIMES BY VARIOUS ADMINISTRATIVE STAFF AS WELL AS T. VARIZ, TO USE THE INMATE APPEAL PROCESS. *IF STAFF WAS PERFORMING THEIR DUTIES WITHIN THE SCOPE OF THEIR ASSIGNMENT CORRECTLY AND FAIRLY THEN THE FEDERAL COURTS WOULD NOT HAVE TAKING CONTROL OF MOST OF (CDC 3 R). ELOY